



LIVING FAITH ACADEMY

2024-2025 RE-ENROLLMENT FORM

Today's Date _____

STUDENT INFORMATION

Student Name _____

Last

First

Middle Initial

Home Address _____

Street

City

State

Zip Code

Mailing Address (If different from above)

Student's Age _____ Birthdate _____ Social Security # _____

Birth Gender: () Male () Female Ethnicity _____ Current Grade _____

Child's Physician _____ Telephone # _____

Physical Defects or Allergies? _____

PARENT INFORMATION

() **Mother** () **Step-Mother** () **Legal Guardian (Check one)**

Name _____ Address _____

Employed by _____ Occupation _____

Cellphone _____ Work Phone _____

Email Address _____

Marital Status: () Single () Married () Divorced () Widowed () Separated

() **Father** () **Step-Father** () **Legal Guardian (Check One)**

Name _____ Address _____

Employed by _____ Occupation _____

Cellphone _____ Work Phone _____

Email Address _____

Marital Status: () Single () Married () Divorced () Widowed () Separated

If parents are divorced or separated, with whom does the student live with? (Include address if different from above.)

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, sex, age, or disability.

EMERGENCY CONTACT & PICK-UP INFORMATION

EMERGENCY CONTACT PERSON

1. Name _____ Relationship _____ Phone # _____
2. Name _____ Relationship _____ Phone # _____
3. Name _____ Relationship _____ Phone # _____
4. Name _____ Relationship _____ Phone # _____

List names of persons authorized to take child from school. Child **WILL NOT** be allowed to leave with any other person without **WRITTEN** authorization and a photo I.D.

1. Name _____ Relationship _____ Phone # _____
2. Name _____ Relationship _____ Phone # _____
3. Name _____ Relationship _____ Phone # _____
4. Name _____ Relationship _____ Phone # _____

Church currently attending _____

Pastor _____ Member? Yes No

School last attended (Name, Address, Tel #) _____

Any additional helpful information about your child: Yes—if Yes, comment below No

FLA. STATUTE 837.06—WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE AS PROVIDED IN S.775.082 OR S.775.083.

THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE (Mother/Step-mother)	DATE
SIGNATURE (Father/Step-father)	DATE
SIGNATURE (Legal Guardian)	DATE

Office Use Only			
Fee Paid \$ _____	Date _____	_____ Cash _____ CC	Billed _____
		_____ MO _____ CK # _____	Approve: Y__ N__

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